



DEPARTMENT OF THE ARMY
UNITED STATES ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
U.S. Army EMS Programs Management Office
3061 Wilson Way, Bldg C-1
Fort Sam Houston, Texas 78234-6100

REPLY TO
ATTENTION OF

MCCS-OP-E

5 March 2010

MEMORANDUM FOR EMT COURSE COORDINATORS

SUBJECT: U.S. Army approved EMT Training Program Checklist

1. Thank you for your interest in establishing an U.S. Army approved EMT program. The documents listed below are required for your application and subsequent course/site file. In order to achieve EMT program certification at your facility/unit, you must forward a copy of the following documents:

- 1) ___ Written request from the Commander (BN Level, LTC/O-5) for the establishment of an EMT-Basic, EMT-B Refresher, MOS-T or other.
- 2) ___ Appointment letters from Battalion level (LTC/O-5) commander for the following:
- 3) ___ Proposed Medical Director with submission of Curriculum Vitae/Resume (must be a licensed Physician), and current credentials.
- 4) ___ Proposed Course Coordinator with submission of Curriculum Vitae/Resume and current credentials-NREMT.
- 5) ___ Proposed Primary Instructor with submission of Curriculum Vitae/Resume and current credentials-NREMT
- 6) ___ Instructor roster identifying credentials. (Verifiable credentials must be maintained by course coordinator.
- 7) ___ Lesson plans broken down into hours of instruction (i.e. a course syllabus indicating hours/days/module of instruction-Course schedule)
- 8) ___ Verification of medical material, equipment and resources.
 - a) ___ Title, edition, publication date of current text(s) being used locally. (include student workbooks, instructor resource manuals, test banks/generator, and visual aids as applicable)
 - b) ___ Equipment list used to run proposed training program
 - c) ___ Copy of the title page from US DOT 1994 EMT-B/Refresher National Standard curriculum as applicable.
 - d) ___ A photocopy of the title page of the NREMT EMT-B Practical Examination Users Guide All EMT-B Training Programs

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9. ____ Signed memorandum of agreement authorizing the rotation of students through an EMS System/Emergency Department/Clinic/Hospital. Please follow US DOT 1994 EMT-B curriculum, page 26-27. **EMT-B/MOS-T ONLY**
10. ____ Signed document outlining the Pearson Vue testing plan and location of testing sites to be utilized.
11. ____ Your unit's complete and current phone numbers DSN/COMM, fax number, and all applicable e-mail addresses if available.

All documents including appointment orders and credentials must be revalidated annually as part of the reporting process. Upon completion of the checklist please forward completed package to:

U.S. Army EMS Programs Management
3061 Wilson Way, Bldg C-1
Fort Sam Houston, Texas 78234

If you have any questions, comments, or need any additional information please feel free to contact me at (COMM) 210-221-0837, DSN 471-0837. Our fax number is (COMM) 210-221-2704 or DSN 471-2704.

CONNIE LEONARD
Accreditation Lead, U.S. Army EMS